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Inside This Issue

1	It's Party Time.
2	Club Drugs: GHB
3	Contest for the Best Slogan
4	What Every Member Should Know About the Commandant's Drug Policy
5	Links



It's Party Time !!!!!!!

Summertime is here. A lot of us are outside at family BBQ's, graduations, playing softball, going to the beach doing yard work, and a hundred other things. Many of us will grab a beer or some other alcoholic drink to quench our thirst. Here are some things we should consider before drinking alcohol in the heat of summer.

1. Loss of water from the body can cause your blood alcohol content (BAC) to rise faster and increase the affects from alcohol. This can happen many ways:
 - a. Outside temperature can increase the affect of alcohol. Heat, especially from direct sunlight, and alcohol will rid the body of water. Alcohol is a vasodilator and can accelerate heat prostration (excessive sweating) and cause dehydration.
 - b. Participating in a high energy activity and how much you sweat can make a difference. Even without direct sunlight our body will still lose water during activities.
 - c. How long the activity is and the time of can increase the affects of alcohol You might not attend a party until later, but you should consider what you've done earlier in the day and how that could compound the affects of alcohol.
2. Are you operating or going to be operating any machinery (e.g. a lawn mover, chain saw, car, boat, or a jet ski)? Under normal conditions even a single drink increases the risk of an accident, but if you're not properly hydrated your BAC level may be much higher than you anticipated.
3. What are we eating? Are you snacking on the party chips or eating a meal. Eating a meal before and snacking while drinking will slow the absorption rate of alcohol into the bloodstream.
4. How fast are you drinking? On average, the body can metabolize about one standard alcoholic drink per hour. Drinking more than one drink an hour will cause your BAC, and impairment to climb.
5. What type of drink are you having? A standard drink is a 12-ounce domestic beer, 5 ounce of wine or a 1.5-ounce shot of 80 proof liquor. Be smart. If you choose to drink, then please be aware of how much alcohol you've had, and consider the other factors to determine your real risk.

SAPTA hopes you will ...

"Think Outside the Box",



and get through the summer safe and incident free.

Club Drugs: GHB, and Anabolic Steroid

(Editor's note: The following information is reprinted with the permission of the Substance Abuse and Mental Health Administration (SAMHSA). During my trainings I've heard many first and second hand accounts of Coasties who were victimized, including rape and robbery, after having their drinks "spiked" with GHB. Please be careful !!)

Anabolic steroids, one type of club drugs being used by young people, are gaining in popularity because of their euphoric, sedative, and bodybuilding effects. Despite research that has shown a decrease in most drug use—including crack cocaine, crystal methamphetamine, and cigarette smoking—the 1999 Monitoring the Future survey found a significant increase in the use of anabolic steroids among 8th and 10th graders, primarily boys (NIDA, Monitoring the Future, 1999.)

Anabolic steroids are synthetic derivatives of the male hormone testosterone, which promotes skeletal muscle growth. The most popular anabolic steroid among young people is GHB (gamma-hydroxybutyrate). GHB used to be widely available for medical purposes. The illicit use of GHB rose to such levels that the 106th Congress called the drug "an imminent hazard to the public safety." Congress amended the Controlled Substances Act in January 2000 to a national awareness campaign, led by the U.S. Department of Health and Human Services and the attorney general, targeting GHB's use and effects. (NCADI, accessed 7/12/2000.)

What Is GHB?



GHB is a central nervous system depressant once used by many bodybuilders and athletes. In the 1980s, GHB was widely available over the counter in health food stores, and bodybuilders used it to lose fat and build muscle. GHB has been given nicknames such as Grievous Bodily Harm, G, Liquid Ecstasy, and Georgia Home Boy.

In 1990, the Food and Drug Administration banned the use of GHB except under the supervision of a physician because of reports of severe side effects, including euphoric and sedative effects similar to the effects experienced after taking Rohypnol (the "date rape" drug.) GHB also has been

associated with sexual assaults in cities throughout the United States (NIDA, Infotax.) Despite the ban on use, GHB is created in clandestine laboratories, in a variety of forms, including clear liquid, white powder and tablet. Increasing use rates are being reported. In 1998, the Denver Poison Control Center received 33 calls involving GHB, and almost half of these cases were considered life threatening. (NIDA Infotax-Club Drugs, 2000.) Because it clears from the body relatively quickly, it is often difficult to detect when patients go to emergency rooms and other treatment facilities.

What Are the Side Effects of GHB?

Like most steroids, GHB can cause high blood pressure, wide mood swings, liver tumors, and violent behavior. The drug's effects typically last up to 4 hours, depending on the dosage. At lower doses, it can relieve anxiety and promote relaxation; at higher doses, the sedative effects may result in sleep, coma, or death. Other side effects include sweating, headache, decreased heart rate, nausea, vomiting, impaired breathing, loss of reflexes, and tremors.

For more information about GHB and other club drugs, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at <http://www.health.org>.



Contest for the Best Slogan

After we (the Addictions Programs personnel) jump through some hoops and cut some red tape, we are going to launch a drug and alcohol awareness campaign. Awareness is an essential part of prevention. It's often quite a challenge to move a person from one belief system to another. Of the many "Stages of Change" (developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island), reaching the pre-contemplation and contemplation stages are major steps toward changing one's belief or attitude. An effective drug and alcohol awareness campaign can move people in that direction. With this in mind, we'd like to ask for your help coming up with a catchy campaign slogan, one that "makes you think". SAPTA's somewhat limited imagination has come up with a few ideas; for example, "SAFE Guard" (keying on SAFE training), the "Save a Life Campaign", and the aforementioned "Think Out of the Box", but we haven't found a clear winner yet. Do you have an idea for a campaign slogan? Please let us know. The best slogan will be adopted for the Programs awareness campaign that we hope to have for FY 2002. Sorry no great prizes, but we will recognize the winner in our Bulletin. Please send your ideas to me, HSC Grigg, at rgrigg@tcvorktown.uscg.mil preferably by 1 JAN 02. Thanks ahead.



What Every Member Should Know About the Commandant's Drug Policy

1. Member Responsibility:

To maintain a life-style, which neither condones substance abuse by the member or others, nor exposes the service member to accidental intake of illegal drugs.

Commanding Officer Responsibility:

The CO shall investigate all incidents in which the use or possession of drugs appears to be a factor and take appropriate administrative and disciplinary action IAW Personnel Manual, M1000.6 (series) ch. 20, par C.

2. Drug abuse:

"The use of a drug for other than its intended legal use."

3. Drug abuse paraphernalia:

"Equipment, products and material of any kind that are used for trafficking, supplying, injecting, ingesting, inhaling, or otherwise introducing into the human body any drug in order to abuse the drug."

4. Drug incident:

Intentional drug abuse, wrongful possession of, trafficking in drugs, or using a substance for other than

its attend use. A civil or military conviction for wrongful use, possession, etc., of controlled substance is evidence of a drug incident. The member need not be found guilty or be award NJP to be awarded a drug incident. A positive urinalysis does not preclude the CO from taking action based on evidence.

If the use occurs without the member's knowledge, awareness, reasonable suspicion or medically authorized, it does not constitute a drug incident

5. No drug Incident:

The Commanding Officer will determine when urinalysis results are attributed to administrative error; faulty chain of custody, evidence tampering, or that drug use was not wrongful; e.g., prescribed medication or unknown ingestion (If a member believes that a drug may have been "slipped" to them, they should notify their command as soon as possible).

6. Screening:

A member shall be screened in all cases of a drug incident. A screening is also required in certain cases of no drug incident finding as per Personnel Manual, COMDTINST M1000.6, ch 20.C.5.

7. Treatment:

Members who are diagnosed drug/chemical dependent will be offered treatment. If accepted, immediately on completing this treatment, the member will be discharged. Members may choose a treatment facility close to home as per the Personnel Manual, COMDTINST M1000.6 (series), ch. 20, C.4.

If member refuses treatment for drug or chemical dependency, they will sign a form CG-3307 acknowledging that they waive

their rights to benefits under the Department of Veterans Affairs for treatment for chemical dependence.

Cool Links

1. **Alcohol Alerts:** Print and post a new one each month! Find them here...
<http://silk.nih.gov/silk/niaaa1/publication/alalerts.htm>
2. **On-Line Diagnosis-Substance Related Disorders:** An interactive test where one can answer some questions and get an “unofficial” diagnosis online instantly. A good eye opener for the “fence sitter” and those who are simply curious about their own relationship with substances with potential for addiction.
<http://www.mentalhealth.com/fr71.html>
3. **Prevention Plans:** This is a CSAP and SAMSHA site with a “tool” that takes one step by step through considerations in prevention planning. Assess your needs and resources here:
<http://www.preventiondss.org/>
4. **Facts on Binge Drinking:**
<http://www.nasulgc.org/bingedrink/bingefacts.pdf>
5. **Another Empty Bottle:** A support site for the friends, family, and alcoholics. Lots of great links!
<http://www.alcoholismhelp.com/help/>

SAPTA Bulletin is a quarterly electronic publication produced for Collateral Duty Addictions Representatives and their commands. Editorial content is unofficial and not authority for action. Views and opinions expressed do not necessarily reflect those of the Coast Guard.

Future editions may include letters to the editor. Letters to the editor allow readers to comment on alcohol and drug related issues facing the Coast Guard. Please limit remarks to 100 words or less. No names will be withheld. Provide rank, first and last names, phone number and unit. Send comments/letters to rgrigg@tcyorktown.uscg.mil or fax to (757) 856-2077.

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